

<b>PLANNING</b>
RECOMMENDATION
SIGNATURE AND DATE

# CITY OF RENO SUPPLEMENTAL APPLICATION

1 East First Street • 2<sup>nd</sup> Floor • Reno • Nevada • 89501  
P.O. BOX 1900 • RENO • NEVADA • 89505  
775.334.2090 ph 775 334 6336 fx  
PLEASE PRINT WITH BLACK/BLUE INK ONLY

For internal use only	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Home Based
<input type="checkbox"/> Not in city(NIC)	<input type="checkbox"/> Admin Office
<input type="checkbox"/> Dancer	<input type="checkbox"/> Special Event
<input type="checkbox"/> Contractor	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Shared Space/ Booth Rental	<input type="checkbox"/> TSFR _____
<input type="checkbox"/> Privilege License	<input type="checkbox"/> Other _____

1. TODAY'S DATE: \_\_\_\_\_ 20\_\_\_\_ 2. DATE OF CHANGE: \_\_\_\_\_ 20\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_

4. CORPORATE NAME (if applicable): \_\_\_\_\_

5. LICENSEE'S FULL NAME: \_\_\_\_\_ 6. DATE OF BIRTH: \_\_\_\_\_

(MUST BE AN INDIVIDUAL'S NAME)

7. FEDERAL TAX ID# (EIN): \_\_\_\_\_ (Required if Corporation) 8. BUSINESS PHONE: \_\_\_\_\_

9. BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_ 10. ALTERNATE PHONE: \_\_\_\_\_

SUITE: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

11. BUSINESS MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

12. ☐ SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ ASSOCIATION/ EMAIL ADDRESS \_\_\_\_\_

13.

DESCRIBE NATURE OF BUSINESS, PRODUCTS TO BE SOLD, SERVICES TO BE RENDERED, ETC. BE SPECIFIC AND COMPLETE.

14. List individuals with interest or ownership in the business

FULL NAME	TITLE	ADDRESS	DOB
1.			
2.			
3.			
4.			

15.

<input type="checkbox"/> CHANGE OF PHYSICAL ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> CHANGE OF LICENSEE <input type="checkbox"/> OTHER	DATE OF CHANGE: _____	# OF RENTAL UNITS: _____
	PREVIOUS PHYSICAL ADDRESS: _____	
	PREVIOUS BUSINESS NAME: _____	
	NAME OF PREVIOUS OWNER/LICENSEE: _____	

16. If this applying individual or any member of this applying firm has been convicted in this state or elsewhere within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses and the punishments assessed therefore.

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY UNDER PENALTY FOR PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLIATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Business License :	Fee \$	Receipt #	Effective Date:
Penalty Fee:	Fee \$	Receipt #	Expiration Date:
Zoning Inspection :	Fee \$ 100.00	Receipt #	Sewer Account:
Administrative Fee:	Fee \$ 23.00	Receipt #	Parcel #:
Other Fee:	Fee \$	Receipt #	

HEALTH	POLICE	FIRE	OTHER	ACCOUNT NUMBER
RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)		<b>Principal Owner's Telephone No.</b>	
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Identified as: (Complete one section only)

- ( ) That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage

Account Number

- ( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

- ( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date

Certificate Number

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

Name of Applicant (Please Print)

Applicant's Telephone No.

Applicant's Residence Address

City

State

Zip Code

I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant (To be signed in the presence of the business license office employee)

Applicant's Title

Witness Signature - (Business License Office Employee)

Name of City or County

**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

D-25(1) (rev. 3/01)

## *INSTRUCTIONS*

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.